

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010459

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

Registrar's No.

499

FILED APR 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural 1st Center

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Springfield RFD#6

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY  
OR  
TOWN

Rural 1st Center

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

Springfield RFD#6

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JOHN

Middle

H.

Last

BRIDGES

4. DATE  
OF  
DEATH

Month

March

Day

26,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

30 Aug. 1909

## 9. AGE (last birthday)

52

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

County Road Dept.

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Stephen Bridges

## 13b. MOTHER'S MAIDEN NAME

Bertha Dooly

## 14. NAME OF HUSBAND OR WIFE

Frances Bridges

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Frances Bridges (Wife) Rt. 6 Springfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Circulatory failure.

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Acute &amp; chronic coronary thrombosis.

## DUE TO (c)

Arteriosclerosis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

6-11-44

3/26/62

and last saw him alive on 3-20-62

Death occurred at 12:00

Am on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Springfield, Missouri

## 22c. DATE SIGNED

3-26-62

23a. BURIAL, CREMATION, or DATE  
REMOVAL (Specify)

Burial

3-28-62

## 23c. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

## 23d. LOCATION (City, town, or county)

Greene County, Missouri

(State)

## 24. FUNERAL DIRECTOR

Klingner Mortuary

## ADDRESS

Springfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-28-62

## 26. REGISTRAR'S SIGNATURE

Effie E. Hester

jhc

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R.W. Reid Do.  
USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

10390

20390

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9420.1

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1290-2

13

No permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Max Rhodes*

Licensed Embalmer No.

4071

P. O. Address

*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.